



Summer EBT for Children

Bill Anoatubby
Governor

Please complete one form for your entire family, listing all school-age children. All sections of the form MUST be printed and readable.

Please list (print) each child in your household, PreK-12th grade, during the current school year.

First	MI	Last	Suffix	Gender	Race/Ethnicity	Tribe	Birth date (mm/dd/yyyy)	Grade	School District	Foster Child	Homeless, migrant, runaway

Language spoken in the home: _____

Which program does any household member participate in? Snap TANF FDIPIR (commodities) Medicaid None

Current household Income: \$ _____ Income frequency (how often): _____ Household size: _____

Parent name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email: _____ Birthdate: _____ Phone: (____) _____ Home _____ Work _____ Cell _____

May we send text messages to your cell phone regarding monthly benefits? Yes No

Secondary Contact: Name: _____
First Middle Last Suffix

Phone: (____) _____ Email: _____

By checking this box you are giving permission to your school district to share the information with the Chickasaw Nation Nutrition Services and USDA.